

Name
in
Full

CERTIFICATE OF DEATH

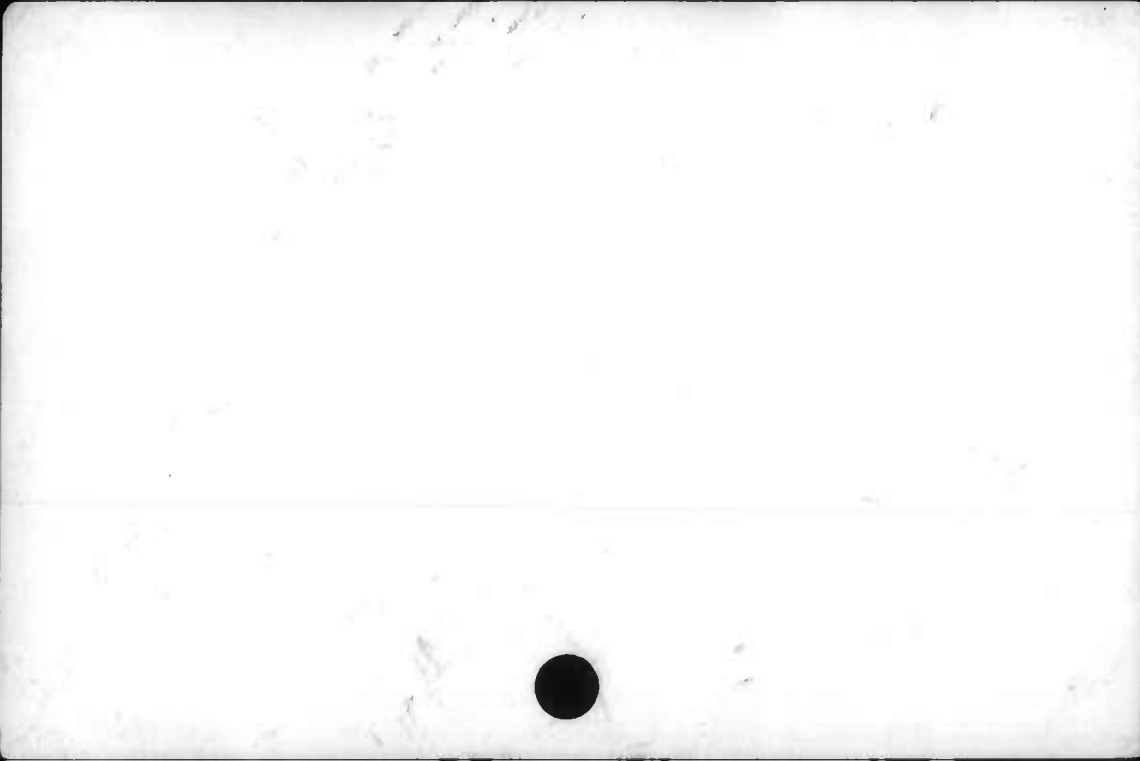
TO BE ANSWERED BY
NEAREST FRIEND

Ruby Brinton
Died at *Croftfield* Town *Sumner* County MARYLAND
Date of death *1909 June* Month *7* Day *10* Years *months* Months Days
Sex *Female* Color or Race *White* Birth-place *Croftfield*
Occupation *none* Where Residing if not at place of death *11*
Married, Single or Widowed *Single* Name of Wife or Husband *X*
Father's Name *W. A. Brinton Jr.* Father's Birthplace *Croftfield*
Mother's Maiden Name *Estella Smith* Mother's Birthplace *Woodsboro*
Name of person giving Information *Robert W. A. Brinton Sr.* How related to deceased *Grand Child*

CAUSES OF DEATH

Primary *Enterocolitis* *105* How long *6 days*
Immediate *L* How long *X*
Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *W. F. Hall*
Address *Croftfield*
Accident or Suicide *m*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Walter Caccin* Town *Westover* County *Somerset* MARYLAND
Died at
Date of death 1909 Month *6* Day *29* Age *6* Years *14* Months *6* Days *14*
Sex *Male* Color or Race *Black* Birth-place *Ind.*
Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*
Father's Name *Samuel Caccin* Father's Birthplace *Ind.*
Mother's Maiden Name *Lucy Bacon* Mother's Birthplace *Ind.*
Name of person giving Information *Doctor* How related to deceased *Doctor*

CAUSES OF DEATH

Primary *Cholera infection* How long *105* X
Immediate *Aschemia* How long *was*
Are the name, age, sex, color, data and place correctly given above?
Signature of Physician *D. J. Smith (Not in attendance)*
Address *Princeton Ind.*
Accident or Suicide

PHYSICIAN
OR CORONER



Name
is
Full

Annmaria R. Crockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crisfield ^{Town} Somerset ^{County} MARYLAND

Date of death 1909 June 11 ^{Month} ^{Day} ^{at} 78 ^{Years} ^{Months} ^{Days} Age

Sex Male Color or Race white Birth-place md

Occupation Retired Oyster Dealer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Sarah Crockett

Father's Name Don't know

Father's Birthplace Don't know

Mother's Maiden Name Mary Mason

Mother's Birthplace Pocomoke Co. Md.

Name of person giving Information Samuel Gentry

How related to deceased Son in law

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary Bulbar Paralysis

How long 12 months
How long

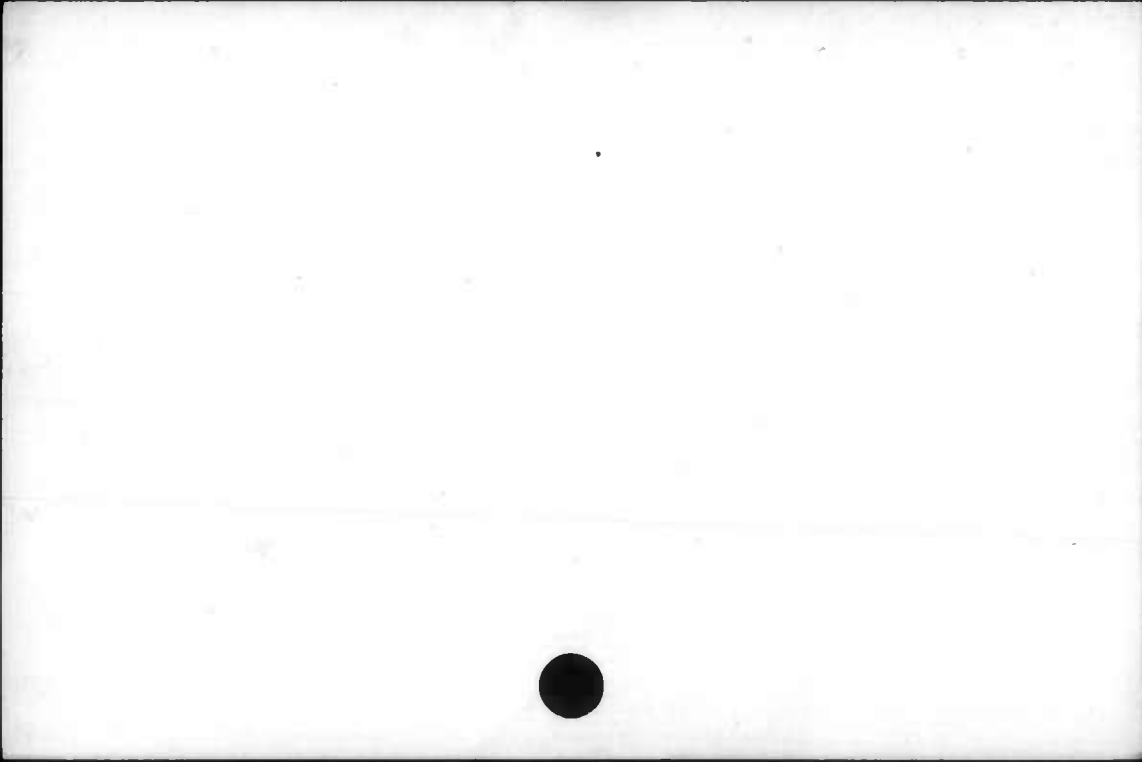
Immediate "
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

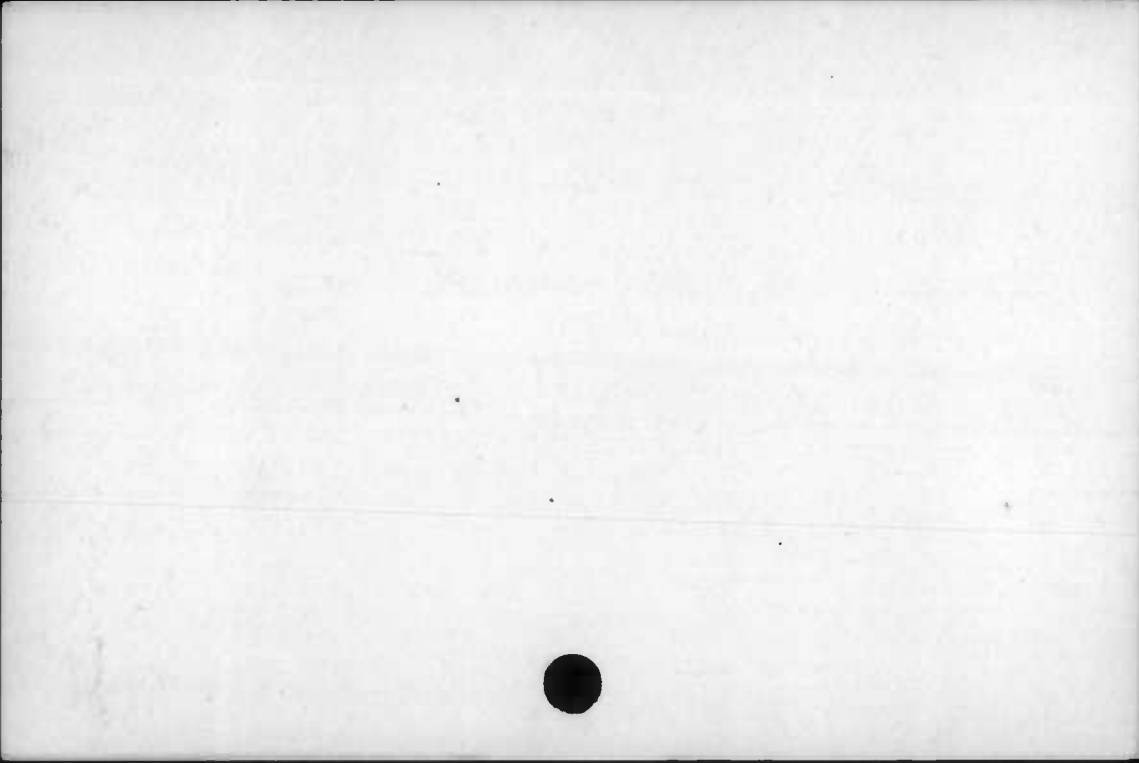
Address

Gordon J. Atkinson
Crisfield, Md

Accident or Suicide



Name in Full		George R. Crockett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Crusfield	County Somerset	MARYLAND		
		Date of death		1909	June	7	Age	68
		Sex		Male		Color or Race	White	
		Occupation		Captain Pilot		Where Resided at place of death	Crusfield End	
		Married, Single or Widowed		Married		Name of Wife or Husband	Ella Sterling	
		Father's Name		Plamir Crockett		Father's Birthplace	Va	
		Mother's Maiden Name		Polly Crockett		Mother's Birthplace	"	
		Name of person giving information		Clarence Crockett		How related to deceased	Son.	
PHYSICIAN OR CORONER		CAUSES OF DEATH				(79) How long		
		Primary				Unknown		
		Initial Reanimation				How long		
		Acute Indigestion				How long		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
				Address		M. H. Coulbourn		
						Crusfield End		
		Accident or Suicide?						



Name
in
Full

Hoy May Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death 1909		Month 6	Day 1	Age	Years	Months 2	Days 13
Sex Female		Color or Race White		Birth- place Crisfield			
Occupation None		Where Residing if not at place of death Crisfield					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Mr. H. Holland		Father's Birthplace Hopewell, Md.					
Mother's Maiden Name Delilah Schmeas		Mother's Birthplace Crisfield					
Name of person giving Information J. S. Lawson		How related to deceased None					

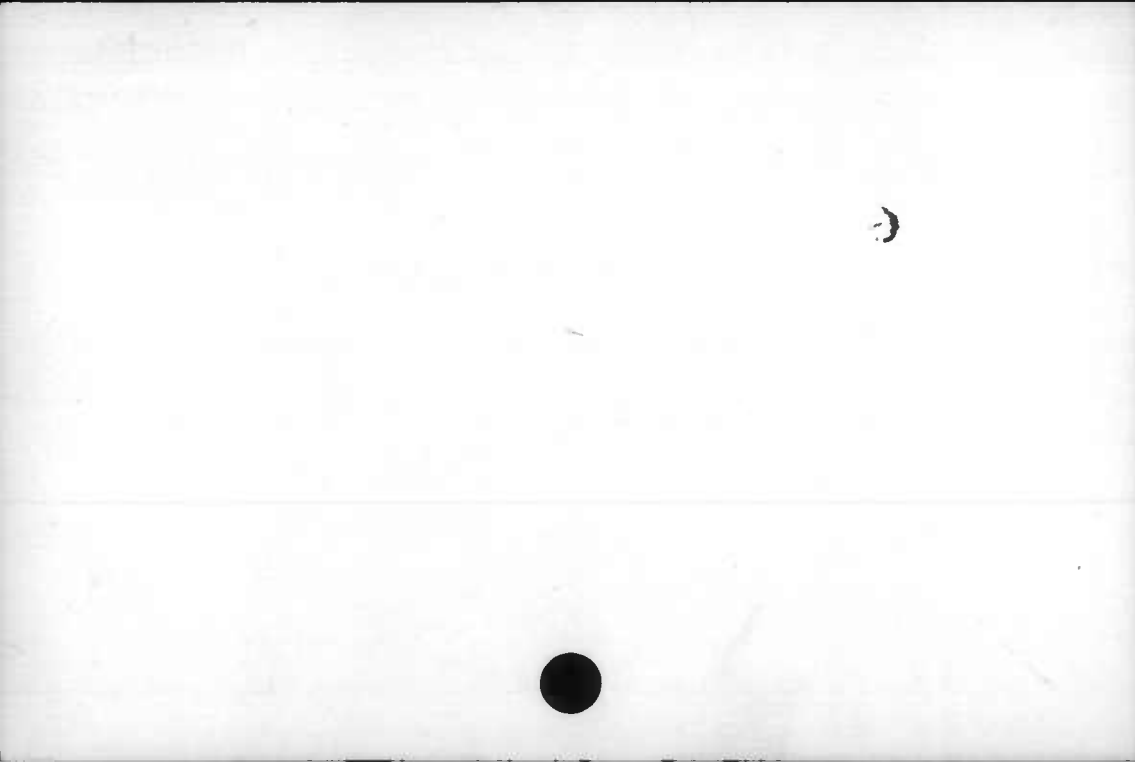
CAUSES OF DEATH

105

X

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	1 week 5
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. S. Somers	
7-2		Address Crisfield	
Accident or Suicide			



Name
in
Full

Elias Howeth

CERTIFICATE OF DEATH

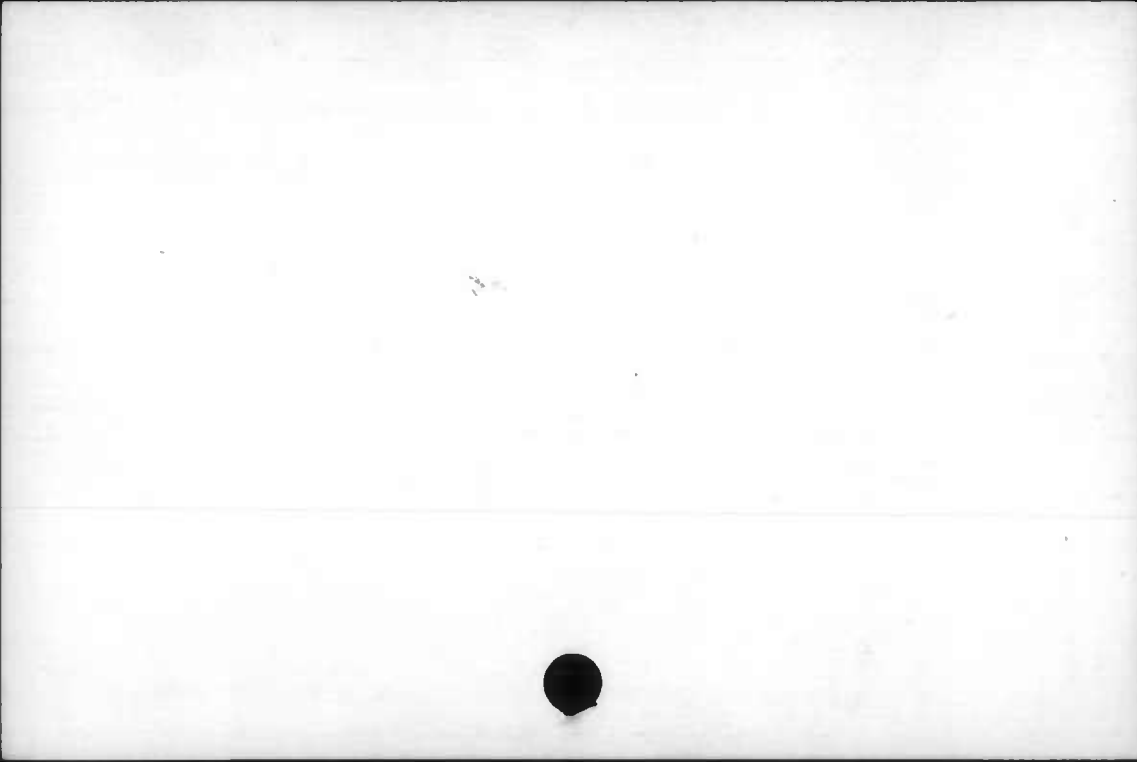
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i>	Month <i>6</i>	Day <i>17</i>	Age <i>82</i>	Months <i>0</i> Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
Occupation <i>Painter</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife <i>Harriet Muir</i> husband			
Father's Name <i>Not know</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Mrs. Ketur Stevenson</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>79</i> ⁺
Immediate <i>Heart Disease</i>	How long <i>Not known</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Somers</i>
	Address <i>Crisfield Md</i>
Accident or Suicide	



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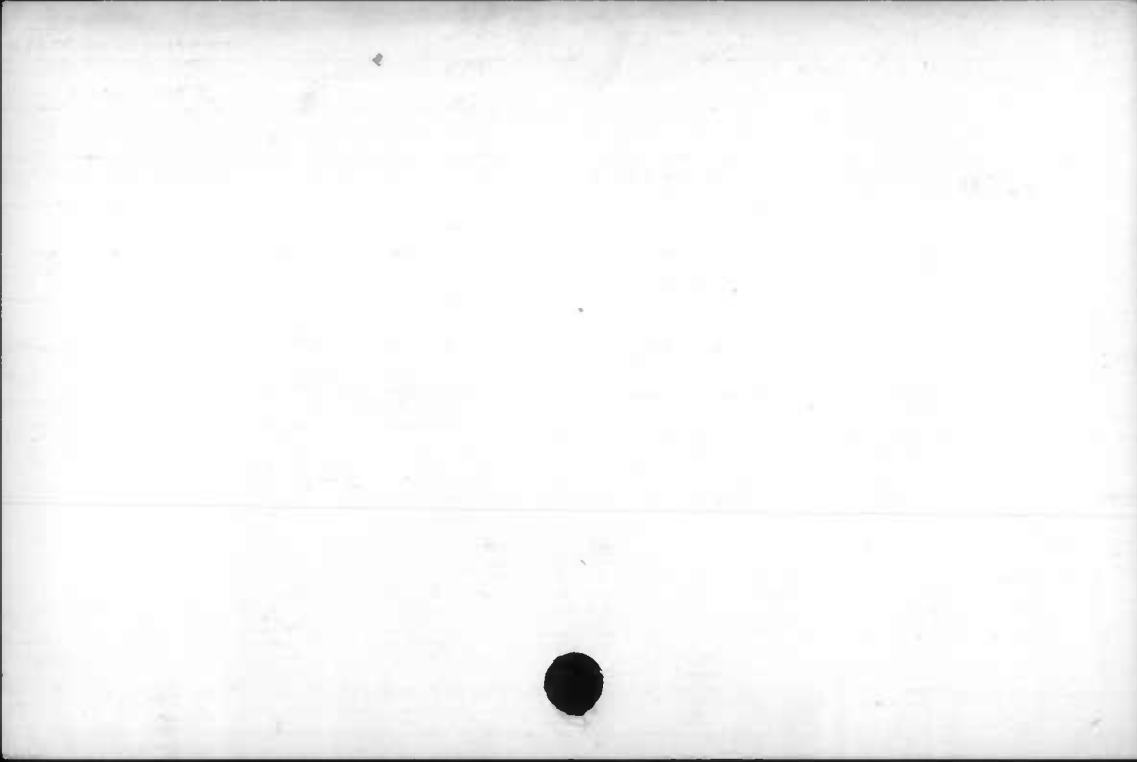
Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1909	Month <i>6</i>	Day <i>10</i>	Age <i>42</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smiths Island, Md.</i>		
Occupation <i>Crab Packer</i>	Where Residing if not at place of death <i>Crisfield</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Widow</i>		<i>Roach Kelly</i>		
Father's Name <i>John W. Marshall</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Kissay Bradshaw</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>J. E. D. Marshall</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Dianthosa</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. S. Smith</i>
	Address <i>Crusfield</i>
Accident or Suicide	



Name
in
Full

Dennis Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *North Pocomoke City* *Somerset*

County

MARYLAND

Date of death 1909 June 6 Age 57 Months 3 Days 16

Sex *Male* Color or Race *Colored* Birth-place *Somerset, Md.*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Huriet Mitchell*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Hurietta Harris* Mother's Birthplace *Middletown, Md.*Name of person giving Information *J. W. Johnson* How related to deceased *Nephew*

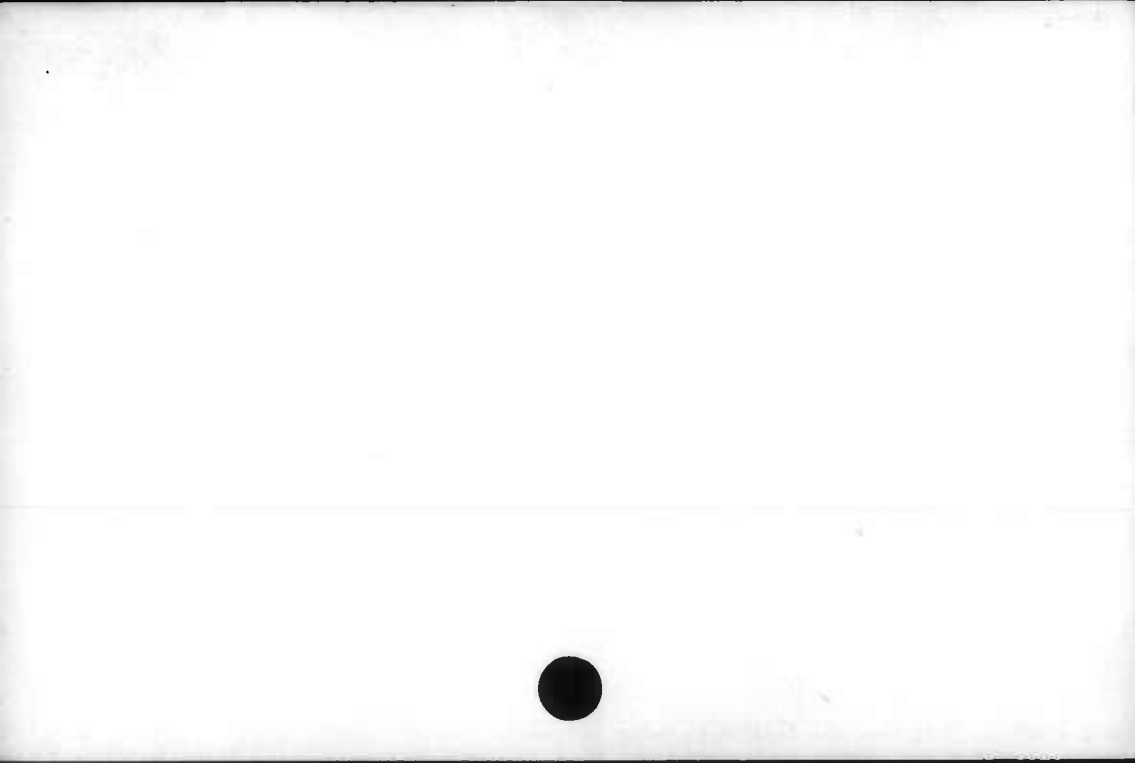
CAUSES OF DEATH

Primary *Mitral Heart Lesion* How long *Normal 43 yrs*Immediate *Lost compensation* How long *Normal 10 yrs*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

R. L. Peet Hae
*Pocomoke City, Md.*Accident or Suicide ☒PHYSICIAN
OR CORONER



Name
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Full

Virginia E Landon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

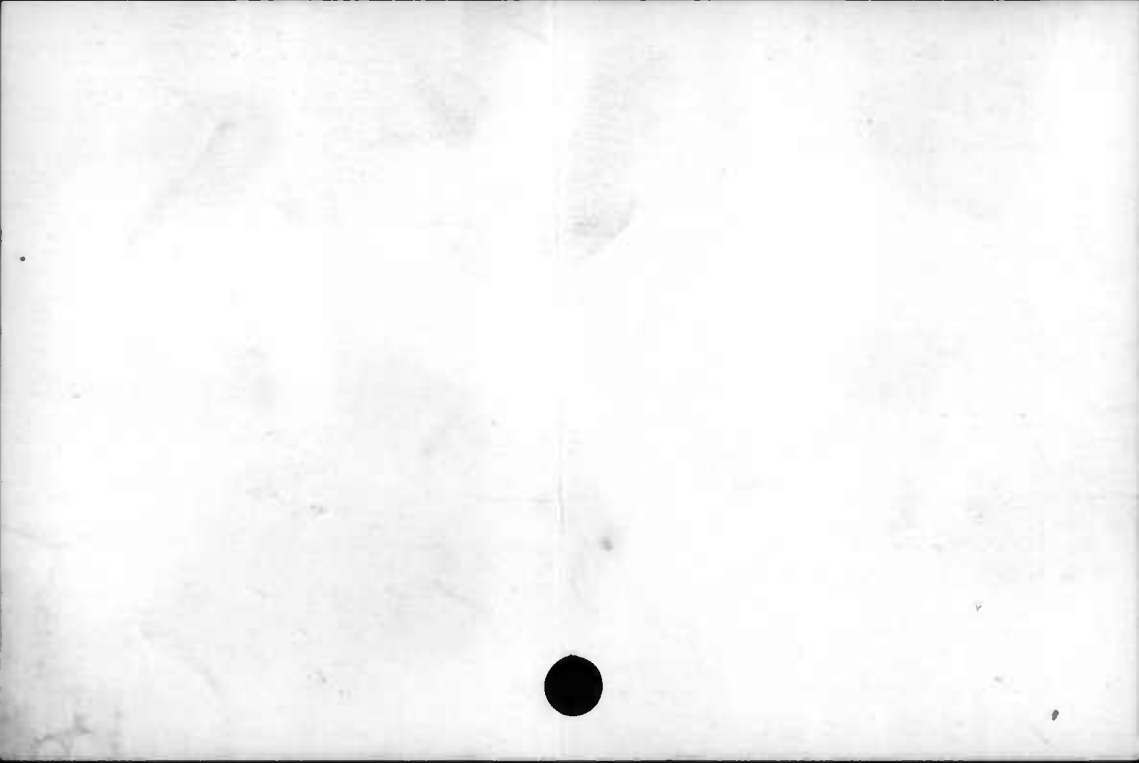
Died at <i>Fairmount</i>		County <i>Lomerset</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>26</i>	Age <i>70</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Lomerset Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Edward Landon</i>				
Father's Name <i>James McDaniel</i>	Father's Birthplace <i>Lomerset Co</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving Information <i>George Landon</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma</i>	<i>one on chest; one on lower jaw</i>	How long <i>About 3 years</i>
Immediate	<i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <i>G.E. Dickinson</i>
			Address <i>Upper Fairmount Md</i>
Accident or Suicide			



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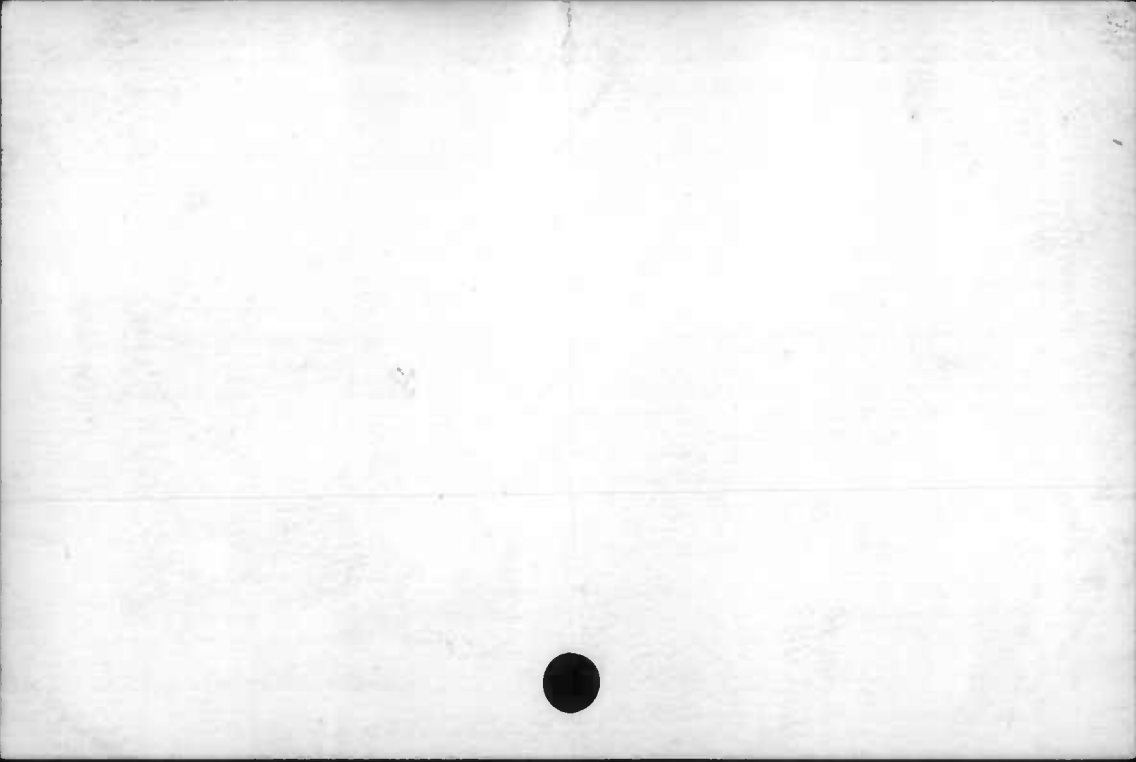
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i>		Town <i>Deals Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>19</i>		Age <i>60</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Baltimore</i>		Months <i>2</i>	
Occupation <i>Minister</i>		Where Residing if not at place of death <i>Deals Island</i>		Father's Name <i>Phillips Scott</i>		Father's Birthplace <i>Balto.</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E Scott</i>		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>	
Name of person giving Information <i>Mary E Scott</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio-sclerosis</i>	How long	<i>Indefinite</i>
Immediate	<i>Embolism</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. I. Schweske</i>	
		Address <i>Deals Island, Md.</i>	
Accident or Suicide			



Name
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CERTIFICATE OF DEATH

~~Harvey C.~~ & Martha L. Sterling

Town

County

MARYLAND

Died at near Crisfield

Barnes

Date

of death 1909 June

Month

Day

Age

Years

Months

Days

Sex

Females

Color or
Race

white

Birth-
place

Crisfield Md

Occupation

Infants

Where Residing if not
at place of death

(Lovers)

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Father's
Name

Rufus W. Sterling

Father's
Birthplace

Md

Mother's
Maiden Name

Effie Sterling

Mother's
Birthplace

Md

Name of person giving
Information

Effie Sterling

How related
to deceased

mother

CAUSES OF DEATH

Primary

Pertussis

How long

one week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

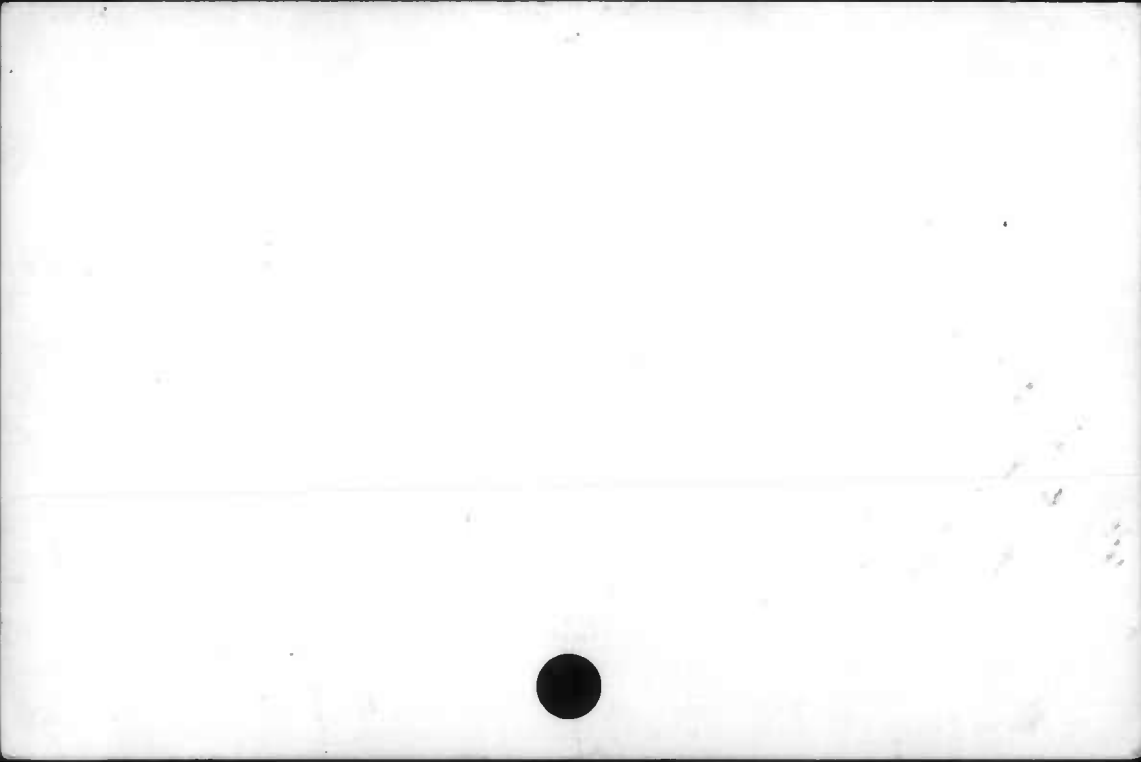
W. H. Hall
Crisfield Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

Nancy B. Sterling

Town

County

MARYLAND

Died at *near brisfield*

Date

of death

1909

Month

June

Day

13

Age

Years

Months

2

Days

14

Sex

Female

Color or
Race

White

Birth-
place

brisfield, Md.

Occupation

Infants

Where Residing if not
at place of death

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Father's
Name

Rufus W. Sterling

Father's
Birthplace

Md.

Mother's
Maiden Name

Effie Sterling

Mother's
Birthplace

Md.

Name of person giving
Information

Effie Sterling

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pertussis

How long

one week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

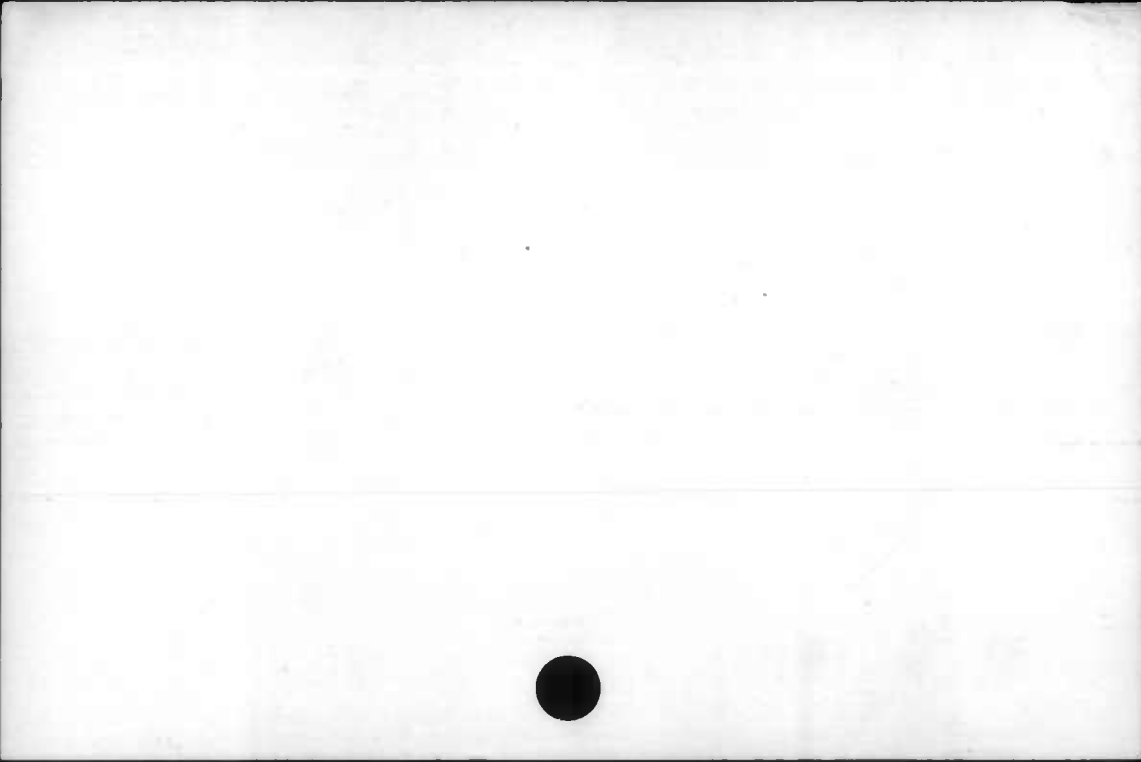
W. F. Stueck
brisfield

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Maurice Grant Tyler

CERTIFICATE OF DEATH

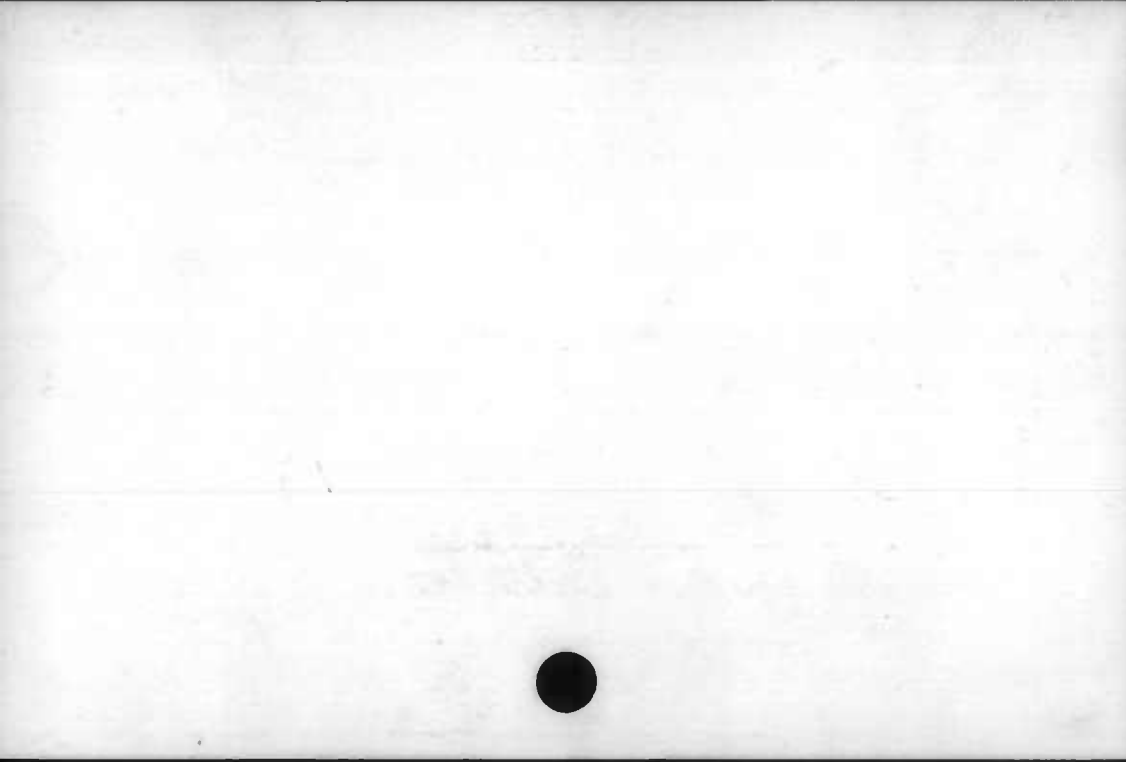
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawsonia		County Somerset		MARYLAND	
Date of death		Month June	Day 30	Age 4	Years 4	Months 4	Days
Sex male		Color or Race white		Birth- place Lawsonia			
Occupation none				Where Residing if not at place of death +			
Married, Single or Widowed single		Name of Wife or Husband +					
Father's Name Delaware Tyler				Father's Birthplace Lawsonia Md			
Mother's Maiden Name Sallie Tyler				Mother's Birthplace Lawsonia Md			
Name of person giving Information Delaware Tyler				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		<input checked="" type="radio"/> How long 3 weeks <input type="radio"/> how long —
Immediate	Diarrhea		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician W. F. Hall
			Address Anfield Md
Accident or Suicide		no	



Name
in
Full

CERTIFICATE OF DEATH

Samuel C. Whitney

County

MARYLAND

Died at

Wt. Vernon

Bowen

Date

of death

1909 June

Day

24

Age

Years

70

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Bowen Co.

Occupation

Farmer

Where Residing if not
at place of death

Salisbury, Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Whitney

Father's
Name

James Whitney

Father's
Birthplace

Bowen Co.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Virginia

Name of person giving
Information

E. B. Whitney

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

cutting throat with a razor

How long

15 minutes

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*H. H. Baryer M.D.
Princess Anne
P.O. No 2 Md*

Accident or Suicide

Self

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

